

-- POST-ELECTION CAMPAIGN FINANCE COMPLIANCE STATEMENT --

- This form must be filed by any candidate subject to Michigan's Campaign Finance Act who is elected to a state, county, city, township, village or school office. The form must be filed *before* the candidate assumes office. Exceptions: an elected candidate whose Candidate Committee did not receive or expend more than \$1,000.00 during the election cycle is *not* required to submit this form. In addition, this form does not have to be filed by an individual elected to a U.S. Senate, U.S. House or precinct delegate position.
- An elected candidate who is required to file a Post-Election Campaign Finance Compliance Statement must submit this form to the filing official designated to receive the elected candidate's campaign finance disclosure filings.
- An elected candidate subject to the Post -Election Campaign Finance Compliance Statement filing requirement who fails to submit this form prior to assuming office is guilty of a misdemeanor.
- If you need information on your current compliance status under the Michigan Campaign Finance Act, contact the Michigan Department of State's Bureau of Elections and/or the appropriate county clerks as necessary.

By signing this affidavit, I swear (or affirm) that the facts contained in the statement set forth below are true.

At this date, all statements, reports, late filing fees, and fines due from me or any Candidate Committee organized to support my election to office under the Michigan Campaign Finance Act, PA 388 of 1976, have been filed or paid.

I further acknowledge that making a false statement in this affidavit is perjury – a felony punishable by a fine up to \$1,000.00 or imprisonment for up to 5 years, or both. (MCL 168.558, 933 and 936)

Signature of Candidate: _____

Printed Name of Candidate: _____

Residential Address: _____

Phone: _____

Office You Will Assume: _____

Subscribed and sworn to by James Irving
before me on the 18th day of November, 2009

Sherla Shaw
Signature of notary public

Name of Notary: Sherla Shaw
Notary Public, State of Michigan, County of Bay
My commission expires Nov. 20, 2011
Acting in the County of Bay



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150529

2. Type of Filing:

☒ Original

☐ Amendment to Items: _____ Eff. Date: _____

3. Full Name of Committee (must include Candidate's first and last name):

COMMITTEE TO ELECT JIM IRVING

4a. Candidate Full Name (Last, First, M.I.):

IRVING JAMES G.

4b. Political Party (if applicable):

4c. County of Residence: BAY COUNTY

4d. Office Sought (Check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Governor | <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> State Senator |
| <input type="checkbox"/> State Rep. | <input type="checkbox"/> Sec. of State | <input type="checkbox"/> Attorney Gen. |
| <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> UofM Reg. | <input type="checkbox"/> MSU Trustee |
| <input type="checkbox"/> WSU Gov. | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Appeals Court |
| <input type="checkbox"/> Circuit Court | <input type="checkbox"/> District Court | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> Municipal Court | | |

Local or other please specify: CITY COMMISSIONER

4e. District/Circuit # or Jurisdiction: 5TH WARD BAY CITY

5. Date Committee was Formed: 2-25-09

6a. Committee Phone #: 989-891-0780

6b. Committee Fax #:

6c. Committee E-mail Address:

7a. Complete Comm. Mailing Address (May be PO Box):

1681 CASS AVE
BAY CITY, MI 48708

7b. Complete Comm. Street Address (May not be PO Box):

1681 CASS AVE.
Bay City, MI 48708

8. Treasurer Name and Complete Address:

JAMES IRVING
1681 CASS AVE
BAY CITY MI. 48708

Phone #: 989-891-0780

E-mail Address:

9. Designated Record Keeper Name and Complete Address:

JAMES IRVING
1681 CASS AVE
BAY CITY, MI 48708

Phone #: 989-891-0780

E-mail Address:

10. ☒ REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository

NATIONAL CITY/PNC
610 LAFAYETTE AVE.
BAY CITY, MI 48708

b. Secondary Depository

12. ☐ This item applies only to ~~Gubernatorial~~ Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.

☐ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

** OR **

☐ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

Candidate: James Irving 2-25-09

Current Treasurer: James Irving 2-25-09

Designated Record Keeper (Required only if filing electronically): James Irving 2-25-09